Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	14.8	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42.8	52.8	lb/d	*****	15.2	19	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	284.2	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7	*****	7.45	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23.3	29.3	lb/d	*****	8.4	10	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	181.2	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	19.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

Tanner Weisgram/ Operations Manager
Tenner Weisgram/ Operations Manager
Tenner Weisgram/ Operations Manager
Typed or Printed
Time the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Typed or Printed
Tanner Weisgram

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

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DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.564	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	****	21.7	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	****	****	5.39	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	****	2.9356	8	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4107	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229)2/04/2016
İ	TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864 ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	BER DISCHARGE NUMBER					
MONIT	COUNTO DEDICO					
MONT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	14.2	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44.4	80.1	lb/d	*****	15.7	19.6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	198	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.2	*****	7.6	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	28.3	61.3	lb/d	*****	9.5	15	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	162.3	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	22.1	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229)3/03/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

Γ	ID0021229		001-A					
Г	PERMIT NUMBER	DISCHARGE NUMBER						
1	MONITO	G PERIOD						
ĺ	MM/DD/YYYY]	MM/DD/YYYY					
ı	02/01/2016]	02/29/2016					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ΓΙΤΥ OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.402	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	23.7	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	4.83	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4433	****	MGD	****	****	****	****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

	FICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my quiry of the	l anner Weisgram	TELEP	HONE	DATE
Tanner Weisgram/ Operations N	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229)3/03/2016
TYPED OR PRINTED	anomator, relating the possibility of the that imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		. 0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	92	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	94	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

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Tanner Weisgram/ Operations Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-0229)3/03/2016
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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03/01/2016	03/31/2016

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WASTEWATER TO BOYER SLOUGH

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		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	16.6	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.2	22.3	lb/d	*****	10.1	13.1	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	253	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.3	****	7.8	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15.2	20	lb/d	*****	8.3	12	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	153.25	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	23.4	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

١		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.316	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	23.6	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	4.87	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4153	****	MGD	*****	****	*****	****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229)4/04/2016
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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	95	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229)4/04/2016
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	20.7	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	43.8	lb/d	*****	14.5	18.3	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	329.8	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7	****	8	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20	27	lb/d	*****	9.2	13	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	211.4	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	20.9	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.646	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.377	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	24.3	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	4.27	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	3.40846	49	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4574	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

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ID0021229	001-A
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MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	23	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36.4	45.5	lb/d	*****	15.9	20.2	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	322.8	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7	*****	7.6	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50	92.3	lb/d	*****	21.6	41	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	200.5	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.108	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229)6/08/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ΓΙΤΥ OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.598	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	18	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	7.43	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.68	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2.90812	13	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2868	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	89	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	24.2	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30.2	38.2	lb/d	*****	13	17.6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	410.66	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	****	8.5	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	30.7	52	lb/d	*****	13.3	24	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	226.66	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.231	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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WASTEWATER TO BOYER SLOUGH

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	19.9	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	3.98	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	5.14	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3291	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	ranner Weisgram	TELEPI	HONE	DATE
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TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

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LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
	<u> </u>					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

\vdash		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
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KOOTENAI, ID 83840

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PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tanner Weisgram/ Operations Manage

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)8/04/201

MM/DD/YYYY

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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ID0021229	001-A					
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MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864 ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

	QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	22.2	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.4	8.8	lb/d	*****	5.9	6.2	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	396.5	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	****	*****	7	*****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.8	8.5	lb/d	*****	5.5	6	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	276	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7.15	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	0/05/2010
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MONIT	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO. FREQL		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANA	ALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	****	.05	mg/L	Mon	thly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L	Mon	thly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	4.67	mg/L	Mon	thly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L	Mon	thly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	9.5	mg/L	Mon	thly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L	Mon	thly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	7.62	mg/L	Mon	thly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L	Mon	thly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	2	2	#/100mL	Five Moi		GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL	Five Mor		GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3318	****	MGD	****	****	****	*****	10 per	Month	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	*****	Contir	iuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L	Week	days	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L	Week	days	GRAB

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tanner Weisgram/ Operations Manage

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

0/05/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	0/05/2016
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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ADDRESS: PO BOX 562

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	Ql	JALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	21.5	****	deg C		Monthly	Recorde (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.6	27.5	lb/d	*****	5.4	5.6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	380.33	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
oH	SAMPLE MEASUREMENT	****	****	****	6.8	*****	7.25	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25.3	30	lb/d	*****	5.3	6	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	258	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.071	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Tanner Weisgram/ Operations Manage

TYPED OR PRINTED

NUMBER

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

1/07/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/ DD/ TTTT	IVIIVI/ DD/ 1111

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION			EQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF	ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.05	mg/L	N	Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L	V	Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	12.1	mg/L	V	Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L	V	Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	****	2.35	mg/L	V	Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L	V	Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	6.23	mg/L	V	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L	V	Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		ive per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		ive per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5111	****	MGD	****	****	****	*****	21	per Month	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	*****	*****	Со	ntinuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	<= .1	<= .1	mg/L	W	eekdays/	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L	W	eekdays/	GRAB

	FICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l anner Weisgram	TELEPI	HONE	DATE
Tanner Weisgram/ Operations N	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-0229	1/07/2016
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

_			
Γ	ID0021229		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2016	1	10/31/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	CODING DEDICE
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DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	NTITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	19.9	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21.7	26.5	lb/d	*****	6	6.6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	257.25	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	7	****	7.7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	21.5	25	lb/d	*****	6	7	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	157	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.91	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

<u> </u>		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
Tanr		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	2/07/2010
	TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

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ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	3.12	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	8.97	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	4.26	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	5.21	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3976	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

Tanner Weisgram/ Operations Manager person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

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KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	information, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
12/01/2016	12/31/2016				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	16.3	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	29.2	54.4	lb/d	*****	11.4	22.5	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	325.2	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.6	****	7.93	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	18.7	33.9	lb/d	*****	6.9	11.3	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	176.4	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	7.65	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tanner Weisgram/ Operations Manage

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)1/10/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	****	*****	.119	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	7.39	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	13.3	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	5	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2.24492	4	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3157	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229)1/10/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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PERMIT NUMBER	DISCHARGE NUMBER				
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12/01/2016	12/31/2016				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	information, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ID0021229	001-A				
PERMIT NUMBER	T NUMBER DISCHARGE NUMBER				
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DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	16.6	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49.3	69.4	lb/d	****	20.3	28.7	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	291.8	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.5	****	7.8	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	18.4	32.5	lb/d	*****	7.5	13	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	175.8	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	18.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tanner Weisgram/ Operations Manage

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)263-0229

AREA Code

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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OMB No. 2040-0004

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NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
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01/01/2017	01/31/2017					

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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	****	.088	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	3.61	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	22.8	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	5.77	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2869	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	16.2	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.8	92.7	lb/d	****	19	20.2	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	279.5	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.5	****	7.6	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42.3	59.6	lb/d	*****	12.3	15	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	138.8	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	26.3	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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WASTEWATER TO BOYER SLOUGH

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.122	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	1.51	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	33.9	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	5.94	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2.40225	5	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4617	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
-		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26)3/07/201	
Γ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

ATTN: TIM CLOSSON, OPERATIONS MGR

SANDPOINT, ID 83864

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	91	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	ranner weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-0229)3/07/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	5.2	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48.9	77.3	lb/d	*****	13.3	19.4	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	229.4	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.45	*****	7.7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.5	33.9	lb/d	*****	6.8	11	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	123	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	22.6	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229)4/05/201
İ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
IVIOIVIII	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.15	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.389	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	29.6	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	4.64	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6976	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	94	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****		*****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****		****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****		****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	*****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel pi person or pe the informar accurate, an	supervision in accordance roperly gather and evaluate ersons who manage the sy tion, the information subn d complete. I am aware th	document and all attachme with a system designed to be the information submitted stem, or those persons dire- nitted is, to the best of my k at there are significant pene	assure that qualified d. Based on my inquir ctly responsible for g knowledge and belief, alties for submitting f	ry of the lathering true, SIGNAT	URE OF PRINCIPAL		ER OR	TEL	EPHONE	DATE
TYPED OF PRINTER	information	, including the possibility	of fine and imprisonment for	or knowing violations	i.	AUTHORIZE			AREA Code	NILIMBED A	MA /DD 00/

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
04/01/2017	04/30/2017					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

****	***** ***** ***** *****	***** ***** ***** ***** *****	****** ****** ****** ******	Req. Mon. DAILY MX Req. Mon. DAILY MX Req. Mon. DAILY MX	mg/L mg/L mg/L	EX	Monthly Monthly	COMP-8
***** ***** ***** ***** ***** *****	***** ***** ***** *****	***** ***** ***** *****	***** ***** *****	Req. Mon. DAILY MX	mg/L			
***** ***** ***** ***** ***** *****	****** ***** ***** *****	***** ***** ***** *****	****** ****** ******	Req. Mon. DAILY MX	mg/L			
***** ***** ***** *****	***** ******	***** ***** *****	****	DAILY MX Req. Mon.			Monthly	COMP-8
*****	*****	***** *****	*****	DAILY MX Req. Mon.			Monthly	COMP-8
****	*****	****			mg/L			
			****		mg/L			
****	*****	*****		D, (IL 1 1717)			Monthly	COMP-8
ı			****					
****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
****	*****	****						
****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
****		****	****	****	*****			
***** MGD	MGD	****	****	****	****		Continuous	Recorder (auto)
****	*****	****						
	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
*	***	***		***	***	***	***	*** ***** ***** .1 .1 mg/L Weekdays All attachments were prepared under my TELEPHONE

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	amornation, molecular the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

_							
Γ	ID0021229		001-A				
	PERMIT NUMBER	ERMIT NUMBER DISCHARGE NUMBER					
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2017	1	04/30/2017				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****		****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****		*****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY